

IOWA BOARD OF NURSING

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In RE: Petition for	)	Declaratory Ruling No. 63
Declaratory Ruling Filed By:	)	
Rhoda Shepherd, R.N., M.A.	)	RN Delegation of Care of a
May 20, 1994	)	Ventilator-Dependent Child
	)	by a School Nurse

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A petition for declaratory ruling was filed with the Iowa Board of Nursing by Rhoda Shepherd, R.N., M.A., Cedar Rapids Community School District, Cedar Rapids, Iowa, on May 20, 1994.

The Board is authorized to issue declaratory rulings "as to the applicability of any statutory provision, rule, or other written statement of law or policy, decision, or order of the agency" pursuant to Iowa Code § 17A.9 (1993). See also 655 IAC 9.

This declaratory ruling is based on information provided by the petitioner. The board did not conduct an independent evaluation.

The question presented to the Board is as follows:

May the care (urinary bladder catheterization once during school hours, suctioning of his tracheostomy as needed, providing food and drink, change of positioning, ambu bag administration in case of ventilator malfunctioning, ventilator setting checks, observations to determine if student is in respiratory distress, assessment and intervention for autonomic hyperreflexia) be delegated by a school nurse employed by the Cedar Rapids Community School District, Cedar Rapids, Iowa, to nonlicensed personnel who would perform the procedures at school when a licensed registered nurse is not in the same building?

The Board interprets the question to be:

Can the registered nurse, while retaining accountability, safely delegate the care, of a ventilator-dependent child to nonlicensed personnel under the conditions described above?

Facts leading to this request are as follows:

The Cedar Rapids Community School District is an Iowa public school corporation located in Linn County, Iowa. Approximately 17,500 students in grades kindergarten through twelve are enrolled in the District. The District employs 5.8 full-time equivalency nurses to serve these students in 33 school attendance centers. There are no buildings with nurses constantly on site. The nurses carry pagers but may be ten to thirty minutes away from the site.

Since the 1988-89 school year, there has been a male student enrolled in the district who is ventilator-dependent. The student is currently eleven years old and enrolled in the fifth grade. He is placed in a regular classroom setting in an elementary building. He has no identified mental, emotional, behavioral or learning disabilities. He is a bright, articulate child. He will attend a district middle school next year.

The student was involved in an accident when he was four years old (April 1987) and sustained a complete transection of the spine at C4-C5. This resulted in a C-12 paralysis with no phrenic nerve activity. He has complete head use and movement. After more than one year of hospitalization, he was discharged home in March, 1988. During the first year after the injury, he had a couple of episodes of pneumonia and otitis media, urinary tract infections, and some episodes of autonomic hyperreflexia.

Since enrolling in Cedar Rapids Community School District in 1988, the student has been accompanied to school by a licensed

practical nurse provided by the parents, except for a short period of time when he was accompanied by a relative who was not a licensed practitioner. The L.P.N. remains with the student throughout the day. The student also has a teaching assistant provided by the district to assist him with his educational needs. He is cared for by his family at home with the assistance of an L.P.N. from home-health services for up to eight hours per day during the week. On weekends his family provides his care.

The student is knowledgeable in regard to his care and can make his needs known. He does need adequate ventilation to speak.

A report completed in July, 1993, by the student's pediatrician, indicates that while he is quadriplegic, wheelchair-bound, and ventilator-dependent, his health status has been remarkably good. The pediatrician and the student's mother indicate that the student requires the following procedures during the school day: urinary bladder catheterization once during school hours, suctioning of his tracheostomy as needed, providing food and drink, change of positioning, ambu bag administration in case of ventilator malfunctioning, ventilator setting checks, observations to determine if student is in respiratory distress, assessment and intervention for autonomic hyperreflexia. The mother and the pediatrician have described the following competencies for the person providing care for the student: familiarity with and ability to "troubleshoot" the ventilator, ability to use the resuscitation bag, knowledge of

how to care for suction and insert the tracheostomy, ability to perform urinary catheterization, ability to recognize signs of autonomic hyperreflexia, to intervene in the treatment of autonomic hyperreflexia, the ability to perform pediatric CPR, to assess breathing sounds, to observe for respiratory difficulty and to deliver oxygen if needed. These competencies are within the scope of practice of nursing and require the knowledge and skills attributed to nurses.

The family of the student prefers services provided by a knowledgeable, nonlicensed, assistive person.

To assist the board in issuing this ruling, additional information was requested from the school district. The school district was asked to provide analysis of each task considered for delegation. The school district conducted the analysis using information from the statements made by the child's mother, letters written by the student's physician, the individualized health care plan, and from information obtained from the school nurses. The analysis was not limited to the simple mechanics of performing the tasks, but was considered in light of the assessment, cognitive skills and judgment necessary to assure the safety and well-being of the student. Questions and answers provided by the school district regarding each of the nine tasks considered for delegation are summarized below:

1. What is the stability of the student's condition in regard to the procedure?

The student's condition is stable in regard to five tasks, variable in regard to three tasks, and unstable

in regard to one task, intervention for autonomic hyperreflexia.

2. What is the predictability of the outcome of the procedure?

The predictability of the outcome of the procedure is high for six tasks. The predictability of the outcome for the remaining three tasks depends largely on the assessment made by the care provider and decisions regarding intervention.

3. What is the risk factor if the service is improperly performed?

The risk factor if the service is improperly performed is high for eight of the nine procedures.

4. What is the complexity of the task?

The complexity of the tasks is rated as high for four procedures, moderate for three, and simple for two.

5. What is the degree of nursing judgment required?

The degree of nursing judgement required is high for six of the tasks, moderate for two tasks, and low for one task.

A copy of the complete analysis is attached. Of note is that much of the care related to assuring adequate ventilation is very complex and requires proficient assessment skills.

Additional facts related to this case are as follows:

According to P.L. 94-142, education for All Handicapped Children Act of 1975, all handicapped children are to have available to them "a free, appropriate, public education which includes special education and related services to meet their unique needs." In Iowa, services are provided to children between birth and the age of twenty-one. The child is entitled to an education, including school attendance in the least restrictive environment.

In response to an increase in the use of nonlicensed personnel in most health care settings, numerous position papers have been developed by professional nursing organizations. Nursing leaders have collaborated with educators in regard to RN delegation in the school setting. The Iowa Board of Nursing has been actively involved in addressing the issues regarding delegation in recent years. In March of 1988, the board adopted Position Statement of School Nurse Task Force. This paper resulted from the School Nurse Task Force appointed by the Board and membership included nurses in a variety of districts and a nurse consultant for the Iowa Department of Education. The position statement was developed as a guideline for RN delegation to nonlicensed personnel.

On December 7, 1990, the board endorsed the Position Paper on Delegation issued by the National Council of State Boards of Nursing, Inc.

Common themes in much of the information published on delegation are that: it is the RN who is responsible and accountable for nursing practice; the RN retains accountability for the outcome of delegated tasks; the potential for harm/safety of the client are factors affecting the decision to delegate; the RN remains legally responsible for the activities delegated to nonlicensed personnel; the RN supervises and determines the appropriate utilization of nonlicensed personnel; assessment and intervention skills which require specialized knowledge, judgment, and/or skill should not be delegated; and that pieces

of care cannot be provided in isolation by nonlicensed personnel without adequate involvement by the registered nurse: .

Accountability for nursing care is addressed in Iowa

Administrative Code 655 6.2(5):

6.2(5) The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

a. Performing or supervising those activities and functions which require the knowledge and skill level currently ascribed to the registered nurse and seeking assistance when activities and functions are beyond the licensee's scope of preparation.

b. Assigning and supervising persons performing those activities or functions which do not require the knowledge and skill level currently ascribed to the registered nurse.

c. Supervising among other things includes any or all of the following:

(1) Personally observing a function or activity.

(2) Providing leadership in the assessment, planning, implementation and evaluation of nursing care.

(3) Delegating functions or activities while retaining accountability.

(4) Determining that nursing care being provided is adequate and delivered appropriately.

Clearly, the rules authorize registered nurse delegation of functions or activities and clearly, the registered nurse is accountable for the care that is delegated. Client care that includes the core of the nursing process and require specialized nursing knowledge and judgement may not be delegated.

The Iowa Board of Nursing recognizes the challenges school districts face in providing care for children with special health care needs. The Board also recognizes the need for the registered nurse to delegate to a competent individual the authority to perform selected nursing tasks in a selected situation. The delegating nurse is accountable for assessing the situation and is responsible for the decision to delegate. While tasks and

procedures may be delegated, the nurse should not delegate practice pervasive functions of assessment, evaluation and nursing judgement. Because of the student's need for continuous monitoring and assessment, the complexity of the care required, the degree of nursing judgment required, the life-threatening aspect of inadequate care, and the need for the care provider to master many competencies, the board has determined that, based on the information provided, the care of this ventilator dependent child may not be delegated by a school nurse employed by the Cedar Rapids Community School District, Cedar Rapids, Iowa, to nonlicensed personnel who would perform the procedures at school when a licensed registered nurse is not in the same building. Oversight by the RN as well as, the availability of the RN for routine assessments is inadequate with a student/nurse ratio of 5.8/17,500. Although it is reported that recently the student has not experienced problems requiring emergency care, the RN is not always readily available should an emergency arise. In this case, if emergency care is not provided life-threatening problems are possible. Further, while "pieces of care" can be delegated, the overall accountability and responsibility for care of the client/student rest with the registered nurse. Since the time of the accident, this student has required nursing care on a nearly continuous basis. He has been provided care by a licensed practical nurse at school as well as at home. From information provided there is no indication that his status has improved to



the extent that this level of care is no longer necessary to ensure his well-being.

In summary, reasons for this decision are as follows:

1. The complex nature of the student's care.
2. The number of activities that include the core of the nursing process and require specialized nursing knowledge, judgement and skill.
3. The school nurse/student ratio of 5.8/17,500 which severely limits the amount of training and supervision the registered nurse would be able to provide the nonlicensed personnel.
4. The absence of a school nurse in the building at all times. At times, the nurse may be thirty minutes away.
5. The potential risk of serious harm/injury to the student if he does not receive adequate care.

Nancy E. Knutstrom  
Nancy E. Knutstrom, R.N., M.S., Ed.  
Chairperson  
Iowa Board of Nursing

September 22, 1994  
Date

Lorinda K. Inman  
Lorinda K. Inman, R.N., M.S.N.  
Executive Director  
Iowa Board of Nursing

September 22, 1994  
Date



## *Educational Service Center*

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Lois Churchill, R.N., M.N.  
Associate Director  
Nursing Practice  
Iowa Board of Nursing  
1223 East Court Avenue  
Des Moines, Iowa, 50319-0166

22-337

Dear Ms. Churchill,

The purpose of this letter is to respond to your request for additional information in regard to my petition for a declaratory ruling in which I asked, "May the care required by a ventilator dependent student be delegated to unlicensed assistive personnel who would perform the required procedures at school when a licensed registered nurse is not in the same building?"

To assist the Board in making a decision I have attempted to answer the questions you posed for each of the tasks being considered for delegation. I have done so in table form on the following pages. Please realize that I have completed this to the best of my knowledge about this case. I have used information taken from statements made by the student's mother, letters written by the student's physician, the Individualized Healthcare Plan (IHP), and consultation with the school nurse. The position of the state and national school nursing organization regarding this issue is taken from Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting. This resource was developed by the Joint Task Force for the Management of Children with Special Health Needs of the National Association of School Nurses, Inc. (NASN), the American Federation of Teachers (AFT), The Council for Exceptional children (CEC), and the National Education Association (NEA).

The recommendation in the student's IHP regarding qualified designated personnel was for continuous care by an appropriate licensed practitioner; the rationale being: required continuous monitoring and assessment, highly technical and extensive nature of care, life threatening prospect of inadequate care, and required mastery of numerous competencies. We look forward to the Board's decision to assist us in this situation.

Sincerely,

Rhoda Shepherd, R.N., M.A.  
Manager Health Services  
Cedar Rapids Community School District

	Stability of student's condition in regard to the procedure	Predictability of the outcome of the procedure	Risk factor if the service is improperly performed	Complexity of the task	Degree of nursing judgement required	Position of the national and state school nursing organization.
Urinary Bladder Catheterization	Stable	High	High; can lead to hyperreflexia, UTI	CIC; moderately complex	moderate for routine CIC; high when used as an intervention for autonomic hyperreflexia	RN, LPN should be designated to perform. Health aide may with RN inservice and supervision.
Suctioning the tracheostomy	Stable. According to parent requires one or more times each day	High when student well and performed by highly trained person.	Respiratory compromise due to airway obstruction	Potentially highly complex requiring removal from vent, instillation of saline, possible ambuung or trach change	High	Not noted for ventilator dependent. For trach suctioning alone, RN or LPN should be designated; teachers, related services persons or health aide may become qualified with RN training and supervision.
Providing food and drink	Stable	High	Low	Simple	Low to perform task and monitor intake. Moderate to monitor	Paraprofessionals should be designated to perform.

	Stability cont.	Predictability cont.	Risk factor cont.	Complexity cont.	Management cont.	Education cont.
Change of position	Stable	High if per- formed slowly	Hypoxia has occurred on raising too fast ; but not for a long while. Decubiti or pneumo- nia if neglected.	Simple. Student assists verbally	nutritional status and skin turgor. Low to per- form task	Not ad- dressed.
Ambu bag administra- tion in case of ventilator malfunc- tion.	Depends on variables such as presence of infec- tion and patency of trach.	High if pro- perly per- formed under normal cir- cumstances. Parent states can tolerate ambuling for long periods	High. Could lead to respira- tory com- promise	Moderately complex.	High; in- volves ob- servation for respi- ratory distress, knowledge of rate and depth of lung inflation.	Not ad- dressed per se. Mechan- ical vent equipment failure should be dealt with by RN or LPN
Ventilator setting checks	Stable when pro- perly set	High when ventilator working properly and student stable.	High. Could lead to respi- ratory compromise or death.	Low to check set- tings. High to understand workings of vent or trouble- shoot.	Low to check set- tings. High to trouble- shoot vent	RN or LPN should mon- itor vent. Health aide may.
Observa- tion for respira- tory dis- tress	Potentially variable. However, according to Dr., student does not usually exhibit symptoms of resp.	Depends on assessment made by care pro- vider and decisions regarding intervention.	High. Respira- tory infec- tion, com- promise or death could result.	High. Could include assessment of vital signs, lung sounds, degree of anxiety, change in respiratory volume or	High. Includes assessment and conti- nuous moni- toring.	Not addressed.



Stability cont.	Predictability cont.	Risk factor cont.	Complexity cont.	Judgement cont.	Position cont.
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